


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000078720</b> 1. Entity Name DREAMTHEME, INC.			
Principal Place of Business 4917 HARTFORD ST TAMPA, FL 33619		Mailing Address 4917 HARTFORD ST TAMPA, FL 33619	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 59-3532470	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DODD, DAVID E SR 4917 HARTFORD ST TAMPA, FL 33619		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		03/25/04-80023-010 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC DODD, DAVID SR 1315 ALHAMBRA APOLLO BEACH, FL 33572	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DODD, DAVID JR 5841 BENT GRASS DRIVE VALRICO, FL 33594		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DODD, ELIZABETH 1315 ALHAMBRA APOLLO BEACH, FL 33572		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/04 0839 \$13,248.5571 Date Daytime Phone	